



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL, INC.

City of Hospital: Elwood

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Sharon Church

Email Address: sfchurch@stvincent.org

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6736360
Outpatient Patient Service Revenue	\$64465737
Total Gross Patient Service Revenue	\$71202097

2. Deductions From Revenue

Contractual Allowance	\$41990192
Other Deductions	\$2913534
Total Deductions	\$44903726

3. Total Operating Revenue

Net Patient Service Revenue	\$26298371
Other Operating Revenue	\$274534
Total Operating Revenue	\$26572905

4. Operating Expenses

Salaries and Wages	\$7805205	Employee Benefits	\$2077577
Depreciation and Amortization	\$863484	Interest Expense	\$425633
Bad Debt	\$0	Other Expenses	\$12250914
Total Operating Expenses	\$23422813		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3150120	Total Assets	\$16822428
Net Non-operating Gains over Loss	\$108375	Total Liabilities	\$16822428

Total Net Gains	\$3258495
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30385530	\$18129171	\$12256359
Medicaid	\$15726329	\$13890450	\$1835879
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25090238	\$12884105	\$12206133
Total	\$71202097	\$44903726	\$26298371

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$55252	\$107361	\$-52109

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$9467	\$-9467
Community Education	\$0	\$11714	\$-11714

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	9392
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement
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Hospital Charity Charges	\$4443438
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1418211	
HCI Payments	\$0		
Subtotal	\$0	\$1418211	\$-1418211
Medicaid Shortfalls	\$0	\$3666783	
Subtotal	\$0	\$5084994	\$-5084994
DSH Payments	\$0		
Subtotal	\$0	\$5084994	\$-5084994
Medicare Shortfalls	\$0	\$-97418	
Other Government Programs	\$0	\$0	
Total	\$0	\$4987576	\$-4987576

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$35562	\$-35562
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$45080	\$-45080

Comments

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